Community health centers are vital to the health and well-being of our country's most vulnerable citizens. There are over 41 million uninsured Americans and untold numbers of under-insured persons. This number is increasing at a rapid pace, forcing risky delays for important primary and preventive healthcare services.

For almost 40 years, America's health centers have helped communities meet escalating health needs and address costly and devastating health problems, from infant health development to chronic illness, to mental health, substance addiction, homelessness, domestic violence, and HIV/AIDS. Community Health Centers span urban and rural communities across the Nation and their remarkable success has earned them broad bipartisan support among Federal, State, and local policy-makers. We should continue to do everything within our power to support these health centers and provide them with the resources they need so that they can continue to do their jobs as successfully and effectively as they have for the past four decades.

Ms. BORDALLO. Mr. Speaker, I rise today in strong support of H.R. 5573, the Health Centers Renewal Act of 2006. Community Health Centers are important resources for our country's healthcare system and vital sources of healthcare for many Americans. Their work, the services and care they provide, and the impacts on the lives of the over fifteen million Americans they serve are commendable. Community Health Centers are important to providing quality healthcare and services to our country's underinsured, uninsured, and underserved communities.

The Northern and Southern Community Health Centers on Guam are two of the more than one thousand such health centers that serve Americans across the country. The Northern and Southern Community Health Centers on Guam are valued and trusted healthcare delivery sites for residents of Guam.

That these community health centers are flexible in their response to the particular needs of the communities they serve is of particular value. This flexibility and ability to adapt to local needs helps ensure that local communities continue to benefit from the high-quality, focused care provided by Community Health Centers such as the Northern and Southern Community Health Centers on Guam. Key among these flexible and locally tailored services is the aggressive outreach, education, and preventative medicine programs these Community Health Centers offer.

But flexible care and services tailored to local needs alone will not ensure that Community Health Centers continue to offer and provide local communities with high-quality, cost-effective healthcare. Community Health Centers, like the Northern and Southern Community Health Centers on Guam, are small and lack significant organic capabilities to earn capital. Continued access to capital to grow these centers and improve their services is vital to their continued success. I strongly support programs that provide Community Health Centers across America access to additional capital resources.

It is only as a result of the efforts of the many professionals within the greater Community Health Center community that its innovative healthcare programs and services can be provided and adequate financial resources can be best utilized for the benefit of the Center and the community it serves. The Northern and Southern Community Health Centers on Guam are staffed by dedicated professional healthcare providers and support personnel who are committed to delivering the best care possible to their patients. Their efforts to provide high-quality care to residents on Guam are representative of their commitment to our island's unique community. The compassion and level of service they display in carrying out their duties is representative of the highest qualities of professionalism demanded by the medical profession. Lastly, the level of respect they have earned among the medical community on Guam and from the patients they serve on-island is notable.

I support H.R. 5573 and the additional authorization of appropriations for the health centers program established under the Public Health Service Act.

Mr. CASE. Mr. Speaker, I rise in strong support of the Health Centers Renewal Act of 2006 (H.R. 5573), which would authorize appropriations for Fiscal Years 2007–2011 for health centers to meet the health care needs of our medically underserved populations.

Health care centers (aka Federally Qualified Healthcare Centers (FQHC)) provide essential services to our communities. More than a thousand FQHCs serve over 15 million people in 3,700 communities across the United States. FQHCs not only provide primary and preventive care, but also meet emergency care needs in their communities. My State of Hawaii has 13 FQHCs across the state, and 10 of which are in my district alone.

We are all well aware of the important role of FQHCs in providing cost-effective, quality health care to our poor and medically underserved communities. FQHCs exist in areas where economic, geographic, or cultural barriers limit access to primary health care for the working poor, the uninsured, and many high-risk and vulnerable populations. More important, these health care centers tailor their services to specific community characteristics and needs.

When Congress established the FQHC system nearly 40 years ago, we intended a unique public-private partnership by providing direct funding to community organizations for the development and operation of these healthcare centers. Federal grants, on average, constitute 24 percent of the annual budget of FQHCs by assisting communities to find partners and recruit doctors and other health professionals. Today's passage of H.R. 5573 will continue that time-proven commitment and mission by helping to reduce health disparities, meeting health care needs, and providing a vital safety net in the health care system across our country and especially in my home.

Mr. Speaker, I fully support the Health Centers Renewal Act and urge its expedited passage in the Senate.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield back the balance of my time and would urge the adoption of this resolution.

The SPEAKER pro tempore (Mr. KIRK). The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5573.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. DEAL of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5574) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals, as amended.

The Clerk read as follows:

H.R. 5574

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Children's Hospital GME Support Reauthorization Act of 2006''.

SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by inserting ''and each of fiscal years 2007 through 2011'' after ''for each of fiscal years 2000 through 2005'';

(2) in subsection (f)(1)(A)—

(A) in clause (ii), by striking ''and'' at the end;

(B) in clause (iii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(iv) for each of fiscal years 2007 through 2011, $100,000,000.''; and

(3) in subsection (f)(2)—

(A) in the matter before subparagraph (A), by striking ''subsection (b)(1)(A)'' and inserting ''subsection (b)(1)(B)'';

(B) in subparagraph (B), by striking ''and'' at the end;

(C) in subparagraph (C), by striking the period at the end and inserting ''; and''; and

(D) by adding at the end the following:

''(D) for each of fiscal years 2007 through 2011, $200,000,000.''.

(b) REDUCTION IN PAYMENTS FOR FAILURE TO FILE ANNUAL REPORT.—Subsection (b) of section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in paragraph (1), in the matter before subparagraph (A), by striking ''paragraph (2)'' and inserting ''paragraphs (2) and (3)''; and

(2) by adding at the end the following:

''(3) ANNUAL REPORTING REQUIRED.—

''(A) REDUCTION IN PAYMENT FOR FAILURE TO REPORT.—

''(i) IN GENERAL.—The amount payable under this section to a children's hospital for a fiscal year (beginning with fiscal year 2008 and after taking into account paragraph (2)) shall be reduced by 25 percent if the Secretary determines that—

''(I) the hospital has failed to provide the Secretary, as an addendum to the hospital's application under this section for such fiscal year, the report required under subparagraph (B) for the previous fiscal year; or

''(II) such report fails to provide the information required under any clause of such subparagraph.

''(ii) NOTICE AND OPPORTUNITY TO PROVIDE MISSING INFORMATION.—Before imposing a reduction under clause (i) on the basis of a hospital's failure to provide information described in clause (i)(II), the Secretary shall provide notice to the hospital of such failure and the Secretary's intention to impose such reduction and shall provide the hospital with the opportunity to provide the required information within a period of 30 days beginning on the date of such notice. If the hospital provides such information within such period, no reduction shall be made under clause (i) on the basis of the previous failure to provide such information.

''(B) ANNUAL REPORT.—The report required under this subparagraph for a children's hospital for a fiscal year is a report that includes (in a form and manner specified by the Secretary) the following information for the residency academic year completed immediately prior to such fiscal year:

''(i) The types of resident training programs that the hospital provided for residents described in subparagraph (C), such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties, including both medical subspecialties certified by the American Board of Pediatrics (such as pediatric gastroenterology) and non-medical subspecialties approved by other medical certification boards (such as pediatric surgery).

''(ii) The number of training positions for residents described in subparagraph (C), the number of such positions recruited to fill, and the number of such positions filled.

''(iii) The types of training that the hospital provided for residents described in subparagraph (C) related to the health care needs of different populations, such as children who are underserved for reasons of family income or geographic location, including rural and urban areas.

''(iv) The changes in residency training for residents described in subparagraph (C) which the hospital has made during such residency academic year (except that the first report submitted by the hospital under this subparagraph shall be for such changes since the first year in which the hospital received payment under this section), including—

''(I) changes in curricula, training experiences, and types of training programs, and benefits that have resulted from such changes; and

''(II) changes for purposes of training the residents in the measurement and improvement of the quality and safety of patient care.

''(v) The numbers of residents described in subparagraph (C) who completed their residency training at the end of such residency academic year and care for children within the borders of the service area of the hospital or within the borders of the State in which the hospital is located. Such numbers shall be disaggregated with respect to residents who completed residencies in general pediatrics or internal medicine/pediatrics, subspecialty residencies, and dental residencies.

''(C) RESIDENTS.—The residents described in this subparagraph are those who—

''(i) are in full-time equivalent resident training positions in any training program sponsored by the hospital; or

''(ii) are in a training program sponsored by an entity other than the hospital, but who spend more than 75 percent of their training time at the hospital.

''(D) REPORT TO CONGRESS.—Not later than the end of fiscal year 2011, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall submit a report to the Congress—

''(i) summarizing the information submitted in reports to the Secretary under subparagraph (B);

''(ii) describing the results of the program carried out under this section; and

''(iii) making recommendations for improvements to the program.''.

(c) TECHNICAL AMENDMENTS.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is further amended—

(1) in subsection (c)(2)(E)(ii), by striking ''described in subparagraph (C)(ii)'' and inserting ''applied under section 1886(d)(3)(E) of the Social Security Act for discharges occurring during the preceding fiscal year'';

(2) in subsection (e)(2), by striking the first sentence; and

(3) in subsection (e)(3), by striking ''made to pay'' and inserting ''made and pay''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I would ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5574, the Children's Hospital Graduate Medical Education Support Reauthorization Act of 2006, which is legislation to reauthorize the Children's Hospital Graduate Medical Education Payment Program for another 5 years.

Without question, Children's Hospitals are an integral part of this country's health care delivery system. They improve health outcomes by providing a unique set of specialized health care services and treatment options for children.

The Children's Hospital Graduate Medical Education Payment Program is designed to provide financial assistance to children's teaching hospitals which do not receive significant Federal support for their resident and intern training programs through Medicare because of their low Medicare patient volume. By reauthorizing this important but relatively young program, we are able to help ensure that the mission of these teaching hospitals is continued.

I am also proud to say that this legislation makes improvement to the program by strongly encouraging the participating hospitals to report important new data measures to the Department of Health and Human Services.

I am proud to sponsor this legislation with my friend from Ohio and the ranking member of the health subcommittee, Mr. BROWN. And I would like to thank the 20 members of the Energy and Commerce Committee who joined us as original cosponsors of this bill.

I would also like to commend Chairman DEBORAH PRYCE of Ohio and Chairman NANCY JOHNSON of Connecticut for their strong and continued leadership on this important issue.

Again, I encourage my colleagues to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

It has been a pleasure working with Chairman DEAL from Georgia to introduce and move this legislation through the House. I appreciate his strong support and concern about funding, of creating an ongoing, more predictable funding treatment for graduate medical education.

Children's Hospitals, as we know, care for our Nation's youngest members, helping them grow and thrive. When a child develops a serious illness, these hospitals fight back with every weapon at their disposal, focused expertise, cutting-edge technology, a mission that embraces all children regardless of their family's income, regardless of their insurance status, regardless of their family's ability to pay.

Like other teaching hospitals, freestanding Children's Hospitals, we have many of them in Ohio, in Akron, in Toledo, Columbus and in Youngstown, freestanding Children's Hospitals make it a priority to pass on their expertise. They train the next generation of children's health care providers, ensuring a steady stream of physicians fluent and conversant in the unique challenges of pediatric care.

Most of our Nation's teaching hospitals rely on the Medicare GME program, Graduate Medical Education program, to help cover the costs associated with training new physicians.

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However, Children's Hospitals, as I discovered in Akron Children's some years ago, which obviously serve few Medicare patients, the program for the elderly, are largely excluded from this funding. Before the enactment of Children's Hospital GME, this anomaly forced Children's Hospitals to divert funding from their medical mission to their teaching mission. Two crucial missions, teaching and health care, serving children, one source of funding with no cushion in it, and who is caught in the middle of this funding squeeze? Sick children. It makes no sense to finance Graduate Medical Education for professionals who treat adults but not for professionals who treat children.

In 1999, Chairman BILIRAKIS and I introduced legislation to address this investment gap. Since its enactment, the Children's Hospital GME program has met and surpassed expectations. Our

Nation's investment in Children's Hospitals enables these providers to simultaneously train tomorrow's pediatric workforce and treat today's young patients, many of whom are battling for their lives. Serious illness is always heartrending, but when serious illness takes a child, it is an unfathomable loss. Children's Hospitals save young lives, and there is no mission more important than that.

Earlier this year, the administration proposed cutting the funding for Children's GME by 66 percent. Such a drastic cut would have devastating effects on the Nation's 60 freestanding Children's Hospitals, including the six that serve my home State of Ohio, and including Ms. PRYCE's Columbus Children's Hospital and have an impact on those like Rainbow in Cleveland that are not freestanding but still need the revenue to train their pediatric specialists. Columbus Children's Hospital alone would have faced a 76 percent cut in GME funding.

My child was at that hospital after an accident once. I know how serious and important they take their work and what a terrific job they do at that hospital in Columbus.

The Bush administration never justified the 66 percent cut. That is not all that surprising since it simply cannot be justified. This program works.

It is true that reckless fiscal decisions, tax cuts during wartime comes to mind, this body and the other body have continued to cut taxes for the wealthiest of our citizens and then logically the President proposes a 66 percent cut in Children's Hospital funding. Those reckless decisions by the Republican majority have plunged the Federal budget into the red. But the President is not doing any of us favors, and both parties recommend that, people sitting on the floor, Mr. MURPHY and Chairman DEAL and Ms. PRYCE. The President is not doing us any favors when he tries to compensate for his fiscal mistakes by making more of them. You would not take pennies from your child's piggy bank to pay off your million dollar yacht. You should not take dollars from our Children's Hospitals to pay off your trillion dollar tax cut. That would be a mistake.

Republicans and Democrats alike reaffirmed our support in committee for full GME funding when we passed this legislation out of the Commerce Committee, which Chairman DEAL and Chairman BARTON led. There is no 60 percent cut in the authorization. There should be no 66 percent cut in the appropriation.

This legislation, Mr. Speaker, helps safeguard our Nation's greatest asset: our children. I hope all Members of this body join Chairman DEAL and me in supporting it.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 3 minutes to the gentlewoman from Ohio (Ms. PRYCE).

Ms. PRYCE of Ohio. Mr. Speaker, I thank the chairman for yielding me this time.

I rise today in support of H.R. 5574, legislation that will reauthorize and strengthen the Children's Hospital Graduate Medical Education program.

Mr. Speaker, once in a great while, a program stands out among a crowded field of programs that grabs the attention of policymakers. Back in 1999, together with the gentlewoman from Connecticut (Mrs. JOHNSON), we saw such a program and took the reins to bring it to our colleagues' attention.

This program, known as Graduate Medical Education, was great at providing teaching hospitals that served Medicare patients with the tools and resources they needed to train doctors and treat patients. But what we realized was that the program did not reach teaching hospitals that treat children. Obviously, Children's Hospitals do not receive much in the way of Medicare payments. In fact, at the time no Federal program provided Children's Hospitals with the resources they needed to train and retain doctors and treat kids.

So in response to this inequity, Congresswoman JOHNSON and I worked with our colleagues to enact legislation that created a discretionary program to pay for Graduate Medical Education at Children's Hospitals.

Under the strong leadership of Chairman RALPH REGULA of the Labor, Health and Human Services Appropriation Subcommittee, Congress has taken the extraordinary step of providing equitable GME funding for independent Children's Hospitals at a level of about $300 million over the past several years. This program has strong bipartisan support and extraordinary support in my home State of Ohio.

I feel extraordinarily fortunate to have a state-of-the-art Children's Hospital in my hometown of Columbus, Ohio, as was mentioned earlier. At a time when programs are, and should be, scrutinized for their effectiveness and value, I am proud to report on what Children's Hospital in Columbus has been able to accomplish with the funding for the program we are seeking to reauthorize today. In the past 5 years, Columbus Children's has increased the number of physicians trained each year by over 100 percent. It has doubled residency fellowship programs and has launched these programs in areas of local and national shortage, such as pediatric surgical critical care, child neurology, and child abuse and neglect. It has initiated programs for primary care in underserved urban and rural areas. And because the Children's Hospital GME program has provided for the cost of their residency training, just as the Federal Government has always done for adult hospitals, these improvements for education and training of physicians for children have not come at the expense of patient care or research.

What all of this means is that the program is working. It is contributing to an improvement in the quality of care that our children receive at Children's Hospitals all across America. And that is exactly what our kids deserve.

I want to thank my colleagues, Chairman DEAL and Ranking Member BROWN, for prioritizing the reauthorization of this important program and commend all of the Children's Hospitals across the country for their extraordinary commitment to the health of our Nation's children.

As the motto of Children's Hospital in Columbus states: ''For Every Child, For Every Reason.'' That is what Children's Hospitals are all about and why I am so proud to support this worthy program. I urge my colleagues to support it as well.

Mr. BROWN of Ohio. Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. MURPHY), member of the Energy and Commerce Committee.

Mr. MURPHY. Mr. Speaker, I thank the distinguished chairman for yielding me this time.

Mr. Speaker, as a psychologist who spent many years working in the Children's Hospital of Pittsburgh, I was pleased to cosponsor H.R. 5574, the Children's Hospital GME Support Reauthorization Act of 2006, and I am pleased to speak on the bill today.

The Children's Hospital Graduate Medical Education program has been of significant help to Children's Hospitals across the country, like Children's Hospital of Pittsburgh, whose pediatrics department is also headed by Dr. David Perlmutter. For several years I served on the staff of Children's Hospital in Pittsburgh and remain on the faculty of the School of Medicine at the University of Pittsburgh as an associate professor of pediatrics; so I have seen firsthand through many years the ongoing value of pediatric education for young physicians where they have so much of their learning that comes not from books but at the bedside. Children's Hospitals provide the world class expertise needed to teach the next generation of medical professionals.

Recently, I received a letter from Mr. Roger Oxendale, the president of the Children's Hospital of Pittsburgh, who summarized the importance of the bill by saying, ''The Children's Hospital Graduate Medical Education program provides the ability to serve all children through clinical care, research, and public health advocacy, as well as its primary purpose of the training of future pediatricians, pediatric specialists, and pediatric research scientists.'' And this bill, he said, ''means a great deal to our hospital and the future of pediatric medicine.'' That support has really echoed throughout our Nation's Children's Hospitals in terms of the service they provide but also what is needed to keep that ongoing medical education going.

This payment program provides Federal funds to freestanding Children's

Hospitals to support the training of pediatric and other residents in Graduate Medical Education programs. This program compensates for the disparity in the level of Federal funding for teaching hospitals for pediatrics versus other hospitals.

So I would urge all of my colleagues to support this vital and necessary legislation to reauthorize the training for pediatric programs for another 5 years and to ensure that America can continue to meet the health care needs of our Nation's children with high quality.

Mr. BROWN of Ohio. Mr. Speaker, I ask my colleagues to join Ms. PRYCE and Mr. MURPHY and Chairman DEAL in passing this legislation unanimously.

Mr. Speaker, I yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 3 minutes to one of the real leaders in this area, the gentlewoman from Connecticut (Mrs. JOHNSON).

Mrs. JOHNSON of Connecticut. I thank the gentleman for yielding.

I rise in strong support of H.R. 5574, legislation to reauthorize the Children's Hospital Graduate Medical Education program. Back in 1998, before my colleague from Ohio, Congresswoman PRYCE, and I authored this legislation, Children's Hospitals' residencies were getting .5 percent of what Medicare provided for other teaching hospitals. Thanks to that legislation that we authored and put in place a number of years ago, Federal GME support for Children's Hospitals approaches 80 percent of what Medicare provides to other teaching hospitals. Yes, only 80 percent.

Nonetheless, as a result, Children's Hospitals have been able to increase the number of residents they train, including both general pediatricians and pediatric specialists, increase the number of training programs they provide, and improve the quality of the training they provide and strengthen the programs they provide not only to residents but to the communities.

Between 2000 and 2005 in my own State of Connecticut, the Connecticut Children's Medical Center increased the total number of full-time equivalent residents by 31 percent. About 50 percent of their graduates pursue careers in primary care and 50 percent go on to subspecialty fellowship programs. In addition to so significantly strengthening our capacity to care for children with serious medical problems, they also have introduced new curricula to provide training in community pediatrics and professional development and, indeed, have had a systemic impact on the practice of pediatrics in many settings throughout the State.

I am proud of what they have accomplished. I am proud of what we have done here on this floor and in preceding Congresses to strengthen the training of pediatricians and pediatric specialists, and I urge support of this legislation.

And I thank my colleague, Mr. DEAL, for the work of him and his subcommittee and the full committee in bringing this forward this week.

Mr. DAVIS of Illinois. Mr. Speaker, I rise in support of H.R. 5574, the Children's Hospital GME Support Reauthorization Act of 2006. In FY2002, 59 children's hospitals received payments totaling $276 million. These hospitals provide specialized health care for infants, children and adolescents. Most have a wide variety of pediatric specialists to care for all types of medical problems.

The Children's Hospital GME Support Reauthorization Act is of importance to me as it affects many citizens of my congressional district. My district contains 26 hospitals and many are children's hospitals. In Chicago, Advocate Lutheran General Children's Hospital recently opened the world's first Ambient Experience pediatric radiology suite. The project seeks to make children more comfortable potentially reducing the need for sedation and repeat examinations. Federal funding has helped hospitals such as Advocate Lutheran General Children's Hospital the ability to take care of the sick children of Chicago.

Our society must continue to recognize the needs of children. Urie Bronfenbrenner, the co-founder of the national Head Start program, once said, ''no society can long sustain itself unless its members have learned the sensitivities, motivations and skills involved in assisting and caring for other human beings.'' I am pleased that we are continuing to understand the needs of children in our society and that we are continuing to make progress with this issue.

Mr. CLEAVER. Mr. Speaker, I rise today to express gratitude for the passage of H.R. 5574, the Children's Hospitals GME Support Reauthorization Act of 2006. This bill will extend funding through fiscal year 2011 for children's hospitals that provide approved graduate medical residency programs. Hippocrates once said, ''Healing is a matter of time, but is sometimes a matter of opportunity.'' Kansas City's Children's Mercy Hospitals and Clinics continue to provide numerous opportunities for the children of Missouri and Kansas to receive the best pediatric healthcare available. The services Children's Hospital Graduate Medical Education (CHGME) provides are invaluable. The $7 million received by Children's Mercy Hospitals and Clinics in the Greater Kansas City Metropolitan Area trains 125 interns and residents from the University of Missouri-Kansas City Medical School each year. The CHGME program ensures that children will continue to receive excellent healthcare and our Nation's pediatric health workforce will remain strong and competitive for years to come.

Since Children's Mercy Hospital in Kansas City is the only children's hospital between St. Louis, Missouri and Denver, Colorado, I know it is essential to continue to provide this vital funding. These valuable funds will keep the hospitals running efficiently while training our future pediatric care providers. I will support the restoration of CHGME's full funding for $300 million when the House considers the Labor, Health and Human Services, Education Appropriations Bill for Fiscal Year 2007.

Children's Mercy Hospitals and Clinics provide services spanning from Wichita, Kansas to Springfield, Missouri, and the passage of H.R. 5574 will ensure on-going financial support for over 60 children's hospitals, including Children's Mercy Hospital in Kansas City where the program started. From heart surgery to brain tumors to burn treatment, patients at Children's Mercy Hospitals and Clinics know they are receiving the best medical care possible and parents will never forget the ''angels'' who saved their children's lives. I am proud to support a program that has improved the lives of countless children nationwide, especially in my district, Missouri's Fifth Congressional District, while also expressing gratitude to the Missouri and Kansas delegation for their unending support.

Mr. Speaker, please join me in expressing our pleasure at the passage of this bill, and also to Children's Mercy Hospital in Kansas City for providing such a valuable service to so many families. The residents of Missouri's Fifth Congressional District take comfort in knowing the medical experts up at Children's Mercy Hospital are constantly on call ensure our children's well being. The health and safety of our children should remain a national priority, and today, I am proud to be a Member of Congress as we pass H.R. 5574.

Mr. DEAL of Georgia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5574, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. DEAL of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

SUPPORTING EFFORTS TO INCREASE CHILDHOOD CANCER AWARENESS, TREATMENT, AND RESEARCH

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 323) supporting efforts to increase childhood cancer awareness, treatment, and research, as amended.

The Clerk read as follows:

H. RES. 323

Whereas an estimated 12,400 children will be diagnosed with cancer in the year 2005;

Whereas cancer is the leading cause of death by disease in children under age 15;

Whereas an estimated 2,300 children will die from cancer in the year 2005;

Whereas the incidence of cancer among children in the United States is rising by about one percent each year;

Whereas 1 in every 330 Americans develops cancer before age 20;

Whereas approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer;

Whereas while some progress has been made, a number of promising opportunities for childhood cancer research still remain untapped;